

County: Manitowoc
RIVERS BEND HEALTH/REHAB
960 SOUTH RAPIDS ROAD

Facility ID: 7010

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MANITOWOC 54220 Phone: (920) 684-1144

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 99

Total Licensed Bed Capacity (12/31/00): 99

Number of Residents on 12/31/00: 91

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

Yes

88

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%	
-----		-----				-----		-----	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34.1		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	57.1		
Supp. Home Care-Household Services	No	Developmental Disabilities	2.2	Under 65	1.1	More Than 4 Years	8.8		
Day Services	No	Mental Illness (Org./Psy)	9.9	65 - 74	11.0		-----		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	40.7		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.2	95 & Over	3.3	Full-Time Equivalent			
Congregate Meals	No	Cancer	3.3		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	3.3		100.0	(12/31/00)			
Other Meals	No	Cardiovascular	28.6	65 & Over	98.9	-----			
Transportation	No	Cerebrovascular	15.4	-----	-----	RNs	13.2		
Referral Service	No	Diabetes	2.2	Sex	%	LPNs	3.7		
Other Services	Yes	Respiratory	4.4	-----	-----	Nursing Assistants			
Provide Day Programming for		Other Medical Conditions	28.6	Male	26.4	Aides & Orderlies			
Mentally Ill	No	-----	-----	Female	73.6	37.6			
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	13	100.0	\$234.84	47	100.0	\$99.73	0	0.0	\$0.00	31	100.0	\$110.00	0	0.0	\$0.00	91	100.0%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	13	100.0		47	100.0		0	0.0		31	100.0		0	0.0		91	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	7.1	Daily Living (ADL)				
Private Home/With Home Health	3.6	Bathing	3.3	47.3	49.5	91
Other Nursing Homes	3.0	Dressing	11.0	33.0	56.0	91
Acute Care Hospitals	84.5	Transferring	20.9	37.4	41.8	91
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	22.0	35.2	42.9	91
Rehabilitation Hospitals	0.0	Eating	68.1	9.9	22.0	91
Other Locations	1.8	*****				
Total Number of Admissions	168	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		1.1	Receiving Respiratory Care	4.4
Private Home/No Home Health	13.2	Occ/Freq. Incontinent of Bladder	59.3		Receiving Tracheostomy Care	1.1
Private Home/With Home Health	29.9	Occ/Freq. Incontinent of Bowel	36.3		Receiving Suctioning	1.1
Other Nursing Homes	3.6				Receiving Ostomy Care	1.1
Acute Care Hospitals	19.8	Mobility			Receiving Tube Feeding	2.2
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	4.4		Receiving Mechanically Altered Diets	29.7
Rehabilitation Hospitals	0.0					
Other Locations	3.0	Skin Care			Other Resident Characteristics	
Deaths	30.5	With Pressure Sores	4.4		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	9.9		Medications	
(Including Deaths)	167				Receiving Psychoactive Drugs	11.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			50-99		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.9	83.7	1.06	86.6	1.03	87.0	1.02	84.5	1.05
Current Residents from In-County	97.8	75.1	1.30	69.4	1.41	69.3	1.41	77.5	1.26
Admissions from In-County, Still Residing	18.5	18.7	0.98	19.5	0.95	22.3	0.83	21.5	0.86
Admissions/Average Daily Census	190.9	152.8	1.25	130.0	1.47	104.1	1.83	124.3	1.54
Discharges/Average Daily Census	189.8	154.5	1.23	129.6	1.46	105.4	1.80	126.1	1.51
Discharges To Private Residence/Average Daily Census	81.8	59.1	1.39	47.7	1.72	37.2	2.20	49.9	1.64
Residents Receiving Skilled Care	100	90.6	1.10	89.9	1.11	87.6	1.14	83.3	1.20
Residents Aged 65 and Older	98.9	95.0	1.04	95.4	1.04	93.4	1.06	87.7	1.13
Title 19 (Medicaid) Funded Residents	51.6	65.4	0.79	68.7	0.75	70.7	0.73	69.0	0.75
Private Pay Funded Residents	34.1	23.2	1.47	22.6	1.50	22.1	1.54	22.6	1.51
Developmentally Disabled Residents	2.2	0.8	2.81	0.7	3.07	0.7	3.08	7.6	0.29
Mentally Ill Residents	9.9	31.4	0.31	35.9	0.28	37.4	0.26	33.3	0.30
General Medical Service Residents	28.6	23.2	1.23	20.1	1.42	21.1	1.35	18.4	1.55
Impaired ADL (Mean)	58.9	48.9	1.21	47.7	1.23	47.0	1.25	49.4	1.19
Psychological Problems	11.0	44.1	0.25	49.3	0.22	49.6	0.22	50.1	0.22
Nursing Care Required (Mean)	6.7	6.5	1.03	6.6	1.02	7.0	0.96	7.2	0.94